

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3775
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	POROUS INTERVERTEBRAL DISTRACTION SPACERS
Attorney Docket Number::	SPINE 3.0-441 CONT CONT
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	D.
Family Name::	Ralph
City of Residence::	Seaside Park
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	P.O. Box 99
City of mailing address::	Seaside Park
State or Province of mailing address::	NJ
Postal or Zip Code of mailing address::	08752

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stephen
Family Name::	Tatar
City of Residence::	Montville
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	45 Upper Mountain Avenue
City of mailing address::	Montville
State or Province of mailing address::	NJ
Postal or Zip Code of mailing address::	07045

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Thomas
Middle Name::	J.
Family Name::	Errico
City of Residence::	Summit
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	5 Crest Acre Court
City of mailing address::	Summit
State or Province of mailing address::	NJ
Postal or Zip Code of mailing address::	07901

Correspondence Information

Correspondence Customer Number::	00530
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Representative Information

Representative Customer Number:: 51640

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/223,148	10/04/02
10/223,148	Continuation of	09/906,123	07/16/01

Foreign Priority Information**Assignee Information**

Assignee name:: SpineCore, Inc.
Street of mailing address:: 475 Springfield Ave
4th Floor
City of mailing address:: Summit
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07901

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.			
Signature	/Kevin M. Kocun/	Date	May 14, 2010
Name (Print/Type)	Kevin M. Kocun	Registration No. (Attorney/Agent)	54,230